

TSA WAIVER REQUEST FORM

TO/FROM AND WITHIN THE UNITED STATES

(Version 04/12/2004)

Date Waiver Needed _____. **Previous Waiver No. (If applicable)** _____

(Processing takes approximately 7 days)

Fax completed forms to (571) 227-1945

I. COMPANY/AIRCRAFT INFORMATION:

Name of Company: _____

Mailing Address: _____
Street Address City/State Zip Code

Company Telephone No.: _____ Company Fax No.: _____

Purpose of Flight: _____

Please specify whether flight is Cargo, Passenger or Both _____

Name and Telephone Number of Requestor: _____

Flight Itinerary : **REQUEST WAIVER TO OPERATE TO/FROM AND WITHIN THE UNITED STATES**

Type of Aircraft _____ Aircraft Call Sign _____

State of Aircraft Registry & Tail No. _____

Aircraft Maximum Certified Takeoff Gross Weight: _____

II. CREW AND PASSENGER INFORMATION:

(Note: Place of Birth, if US City and State, if Foreign City and Country)

Last Name	First Name	Middle Name	Date of Birth (yyyymmdd)	City/Country of Birth	Passport Number (Use Text Format)	Passport Country of Issuance	If US provide Green Card # and/or SSN

III. FLIGHT ITINERARY:

List all legs of flight (4 letter identifiers only) with dates of travel: (Ex: Feb 14 – 23. KMIA-LFPB-KMIA)

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Authority: 49 U.S.C. § 40103(b)(3) and 49 U.S.C. § 114.

Purpose: This information primarily will be used to conduct background checks on crewmembers and passengers on flights for which waivers of flight restrictions have been sought from the FAA. You are not required to provide this information, however, failure to do so may result in a denial of the waiver request for the flight, or denial of permission for you to board a flight for which a waiver has been granted.

Routine Uses: This information may be provided to third parties, including government contractors and other governmental agencies, as necessary to conduct the background checks. It also may be provided to governmental agencies when relevant for criminal and civil investigations concerning threats to civil aviation security or violations of law, rule or regulations.

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SECURITY STATEMENT

Aircraft Registration Number: _____

Type of Aircraft: _____

I. AFFIRMATION: Requestor/Signature must affirm to each of the following:

(Please check (X) each criteria)

- _____ Access to aircraft has been properly controlled by company representatives.
- _____ A senior company representative has verified the identity and authorization of each crewmember and passenger.
- _____ Only authorized passengers are on board the aircraft.
- _____ The aircraft will not deviate from the approved air traffic flight plan.
- _____ The pre-flight inspections include a search of the cargo and cabin areas to ensure no foreign objects, explosives, etc. have been placed on board.

II. How is the aircraft secured when not operational? (locked hangar, fenced area with gate access, security guards, etc...)

III. How are the personnel on board vetted/positively identified/security reviewed before boarding the aircraft?

IV. Additional security measures taken (if any) are:

V. SIGNATURE OF CORPORATE SECURITY DIRECTOR, COMPANY PRESIDENT, EQUIVALENT OR DESIGNEE.

_____	_____
Signature	Title
_____	_____
Date	Contact Number

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